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ARIZONA STATE	BOARD OF HEALTH State File No. 133
1. PLACE OF BIRTH BUREAU OF V	VITAL STATISTICS Registered No.
	TIFICATE OF BIRTH
County MM	State aryona
District or Township	or Villago
Miguel 1122 L. Olive St	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child trancises arbeits supplemental report, as directed.	
3. Sex of Child To be answered ONLY ) 4. Twin, triplet or of	
in event of plural births.  5. No., in order of birth 462 of birth Month Day Year	
S. FATHER O	MOTHER
Full name	
Ilsus Carboyal	Pull maiden name Carmen Harcia
9. Residence (Usya place of abode)	15. Residence (Usual place of abode) Manu
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
11. Age at last birthdin H(Years	na. 1. 24
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17. Age at last birthday (Years)
11 E 12. Birthplace (city or place) Wangs	18. Birthplace (city or place) Managuals
(State or country)	(State or country)
13. Occupation	19. Occupation
Nature of Industry	Nature of Industry
1 White	
20. Number of children of this mother. (a) Born alive and now living. 21. Were precautions taken against ophthalmia neonatorym? (b) Born alive but now dead.	
certified and including this child.) (c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE . 05  I hereby certify that I attended the birth of this child, who was to make all the control of the date above stated.	
(Born alive or stillborn)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	
child is one that neither breathes nor	
) In a second of small of	
Given name added from a supplement report  Month, day, year  Address // Wawu, Wyon as	
Registrar. Filed W/Y 19 30 (c. 6. 000)	
Registrar.	
635 1007 311	